Image# 12953036034 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

_	(-) Name of Oscalidate (in full)						=		
Т.	(a) Name of Candidate (in full)								
	Abel Maldonado		haali if aalalua			2 Candidata's FFC Identification Number	_		
	(b) Address (number and street) 4651 Santa Maria Mesa Road		heck if addre	ss changed		Candidate's FEC Identification Number H2CA23106			
	(c) City, State, and ZIP Code					3. Is This New Amended	_		
	Santa Maria		CA	9345	4-9638	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate	_		
	REPUBLICAN PARTY	House			CA	24			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following nar	ned political co	mmittee as m	y Principal (Campaign Comr	nittee for the 2012 election(s). (year of election)			
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in tl	ne instructions.		_		
	(a) Name of Committee (in full)								
	Abel Maldonado Fo	r Congres	S						
	(b) Address (number and street) PO Box 5325						_		
	(c) City, State, and ZIP Code						_		
	Santa Maria				CA	93456-5325			
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
		·	_			,			
8.	I hereby authorize the following nam candidacy.	ned committee,	which is NO	Γ my princip	al campaign con	nmittee, to receive and expend funds on behalf of my			
	NOTE: This designation should be fi	iled with the pri	ncipal campa	ign committe	ee.				
	(a) Name of Committee (in full)						_		
	Cal Victory Fund								
	(b) Address (number and street)						_		
	PO Box 30844								
	(c) City, State, and ZIP Code						-		
	Bethesda				MD	20824-0844			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Sig	gnature of Candidate					Date	_		
	pel Maldonado			(T)		09/20/2012			
				IEleci					
				[2,000	tronically Filed]	00/20/2012			
NC	OTE: Submission of false, erroneous,	or incomplete	information n			ng this Statement to penalties of 2 U.S.C. §437g.	_		
NC	OTE: Submission of false, erroneous,	or incomplete	information n				-		
NC	OTE: Submission of false, erroneous,	or incomplete	information n				_		

FEC FORM 2 (REV. 02/2009)

(c) City, State and ZIP Code

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)	Page 2 /
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy.	behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full) Young Guns 2012 Round 2	
(b) Address (number and street) 228 S Washington Street Suite 115	
(c) City, State and ZIP Code Alexandria VA 22314-5404	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy.	behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State and ZIP Code	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on candidacy.	behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
(b) Address (number and street)	